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State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Robbins Eye Center, P.C.	
Doing Business As	N/A	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	4695 Main Street Bridgeport CT 06606	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	David Kaufman, Administrator and Chief Financial Officer	
Contact person's street mailing address	4695 Main Street Bridgeport CT 06606	
Contact person's phone, fax and e-mail address	Phone: (203) 371-5800 Fax: (203) 371-6551 vanderkauf@hotmail.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Relocation of Facility
- b. Location of proposal (Town including street address):
7 Cambridge Drive, Trumbull, CT
- c. List all the municipalities this project is intended to serve:
No change in the Facility's current service area focused on the greater Bridgeport community
- d. Estimated starting date for the project:
July 1, 2006
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Acute Care Hospital
Behavioral Health Provider
Hospital Affiliate

E P

<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Imaging Center
Ambulatory Surgery Center
Other (specify): _____

E P

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Cancer Center
Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ 950,000
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$900,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	54,000
Delivery & Installation	
Total Capital Expenditure	\$954,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$954,000

Major Medical and/or imaging equipment acquisition: None

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☐ Operating Funds
 ☐ Lease Financing
 ☒ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: Robbins Eye Center, P.C.

Project Title: Relocation of Facility

I, David Kaufman, Chief Financial Officer
(Name) (Position – CEO or CFO)

of Robbins Eye Center, P.C. being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that Robbins Eye Center, P.C. complies with the appropriate
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.

David Kaufman
Signature

5/18/06
Date

Subscribed and sworn to before me on 5/18/06

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 10/31/10

Project Description
Robbins Eye Center, P.C.

Relocation of Facility

This project involves the relocation of the Robbins Eye Center from its existing location at 4695 Main Street, Bridgeport, Connecticut 06606, roughly on the border between Bridgeport and Trumbull to a new location at 7 Cambridge Drive, Trumbull, Connecticut .06611. The distance between the two sites is roughly one mile. There will be no change in the scope of the Facility's configuration or clinical services. The Facility will continue to provide care to the same target patient population in the greater Bridgeport area. Department of Public Health licensure of the Facility as an outpatient surgical facility similarly will be unaffected, as will its billing to third party payors and provision of services to patients covered by Medicare, Medicaid, third party payors or other sources of payment. This project also will not involve the acquisition of any major medical equipment or capital expenditure in excess of any applicable threshold. All capital expenditures associated with this project will involve only space renovations/fit out. Consequently, we believe this clearly to be a matter not subject to certificate of need approval. We would request prompt confirmation of the same from Office of Health Care Access so as to allow us to put appropriate arrangements in place with the landlord. This is a time sensitive matter, and there is a need to move forward expeditiously so as to secure the space at the proposed new site of the Facility. This space will be a far preferable location, in that the current building for the Facility suffers from a number of design and location issues, including periodic water damage, resulting in needless additional expenditures.